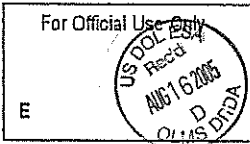


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>028657</u> <u>11144</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Ralph</u> <u>A</u> <u>Harriman</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>25 Colgate Rd</u> City <u>Roslindale</u> State <u>MA</u> ZIP Code + 4 <u>02131-1123</u>	4. Name, file number, and address of labor organization. Name <u>District Council #35</u> Labor Organization File Number <u>028657</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>25 Colgate Rd.</u> City <u>Roslindale</u> State <u>MA</u> ZIP Code + 4 <u>02131-1123</u>
5. Position in labor organization. <u>Business Manager/Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/12/05</u> Date	<u>617-522-0520</u> Telephone Number

Name of Person Filing

Ralph A. Harriman

File Number U- 028657

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name District Council #35 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 204

Street 25 Colgate Rd.

City Roslindale

State MA ZIP Code + 4 92131-1123

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Investment conference - 5-day	
Air Fare	\$576.00
Hotel	961.00
Expenses	158.00

11.b. Approximate dollar value of such dealing.

\$1,695.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 116 Huntington Ave.

City Boston

State MA

ZIP Code + 4 02116-5712

14.a. Nature of payment.

Meeting to discuss status of
Health and Pension Fund.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$40.00

Name of Person Filing

Ralph A. Harriman

File Number U- 028657

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name District Council #35 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Annual Health, Pension, Annuity
Investment Managers' review
conference.

Hotel - \$273.00
Expenses 331.00

11.b. Approximate dollar value of such dealing.

\$604.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Segal Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 116 Huntington Ave.

City Boston

State MA

ZIP Code + 4 02116-5712

14.a. Nature of payment.

Two meetings to discuss performance
of investment companies.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$140.00

Name of Person Filing

Ralph A. Harriman

File Number U-

028657

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Intercontinental Real Estate Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1270 Soldiers Field Rd.

City

Boston

State

MA

ZIP Code + 4

02135-1003

14.a. Nature of payment.

Two meetings to discuss investment performance.

13.b. Is the Business an Employer

☐

or Consultant

☐

?

14.b. Amount of payment.

\$90.00

Name of Person Filing **Ralph A. Harriman**

File Number U- **028657**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **McDonnell Investment Management**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **11th Fl.**

Street **1515 West 22nd St.**

City **Oakbrook**

State **IL** ZIP Code + 4 **60532**

14.a. Nature of payment.

Three meetings to discuss investment performance.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$235.00

Name of Person Filing

Ralph A. Harriman

File Number U- 028657

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Galtee GroupTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 785 Washington St.City CantonState MA ZIP Code + 4 02021

14.a. Nature of payment.

Meeting to discuss investment performance

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$65.00

Name of Person Filing

Ralph A. Harriman

File Number U-

028657

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Victory Capitol Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 14th Fl.

Street 127 Public Square

City Cleveland

State OH ZIP Code + 4 44114

14.a. Nature of payment.

Meeting to discuss investment performance.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$136.00

Name of Person Filing

Ralph A. Harriman

File Number U-

028657

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Phoenix Investment Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 150480

Street

56 Prospect St.

City

Hartford

State

CT

ZIP Code + 4

06115

14.a. Nature of payment.

Meeting to update Company financial position.

14.b. Amount of payment.

\$75.00

13.b. Is the Business an Employer ☐or Consultant ☐

?



District Council 35

IUPAT, AFL-CIO
25 Colgate Road
Roslindale, MA 02131



Serving Maine, Massachusetts, New Hampshire, Rhode Island and Vermont

Boston Office
Phone: 617-522-0520
Fax: 617-524-0716

Springfield Office
413-733-3961

Maine
207-439-2704

New Hampshire
603-227-0799

Vermont
802-766-4113

Representing

- Protective and Decorative Coatings Applicators •
 - Wallcoverers •
- Drywall Finishers •
 - Painters •
 - Decorators •
 - Glaziers •
- Architectural Metal & Glass Workers •
 - Scenic Artists •
 - Designers •
- Civil Service Workers •
 - Shipyard Workers •
- Maintenance Workers •
 - Building Cleaners •
 - Metal Polishers •
 - Metalizers •
- Public Employees •
 - Clerical Workers •
- Professional Employees •
 - Security Guards •
 - Safety Engineers •
 - Bridge Painters •
 - Riggers •
 - Tank Painters •
 - Marine Painters •
- Containment Workers •
 - Waterblasters •
 - Vacuum Cleaners •
 - Sign Painters •
- Sign & Display Workers •
 - Bill Posters •
 - Convention & Show Decorators & Builders •
 - Paint Makers •
 - Sandblasters •
- Lead Abatement Workers •
- Floorlaying & Decorative Coverings Workers •
- Journeymen & Apprentice Commercial, Industrial, Highway, Residential Construction Workers •



Ralph Harriman

Secretary - Treasurer - General Business Manager

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To Whom It May Concern:

Date: 8/8/2005

From: Ralph Harriman

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.